



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

April 21, 2009

Approved
4/28/2009

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Robert Butler	Lawrence Fernandez, Jr.	Juhua Wu	Jane Nachazel
Kathy Watt, <i>Co-Chair</i>	Anna Long	Anita Le		Glenda Pinney
Jim Chud	Quentin O'Brien	Rich Mathias		Craig Vincent-Jones
Douglas Frye				
Joanne Granai				
Michael Green				
Bradley Land				
Ted Liso				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Agenda, 4/21/2009
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 4/7/2009
- 3) **Table:** Priorities and Planning Committee Meeting Locations, *Revised 4/10/2009*
- 4) **List:** Fiscal Year 2010 Priority- and Allocation-Setting Paradigms and Operating Values, 4/7/2009
- 5) **Memorandum:** SPA 1 Service Model and Allocations, 4/07/2009
- 6) **Report:** HIV Service Utilization and Needs Assessment Report, SPA 1 – Antelope Valley, FY 2007-2008, 4/2009
- 7) **Profile:** HIV Prevention Plan 2009-2013, SPA 1: Antelope Valley
- 8) **Table:** Mortality in Los Angeles County 2005, Comparison of the Leading Causes of Death and Premature Death, by SPA
- 9) **Spreadsheet:** SPA 1 Residence Client Report, Year 18 (March 1, 2008 – February 28, 2009)
- 10) **Spreadsheet:** SPA 1 Residence Client Report, Year 17 (March 1, 2007 – February 29, 2008)

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:45 pm. Conflicts of interest were noted during roll call.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda order (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 4/7/2009 P&P Committee meeting minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:**
 - A. **Meeting Dates and Locations:** Ms. Watt noted the updated list in the packet. Priority-setting for FY 2010 is scheduled for the next meeting, 4/28/2009, 1:30 to 4:30 pm, Public Health Department, 8th Floor, Conference Room C.

Priorities and Planning (P&P) Committee Meeting Minutes

April 21, 2009

Page 2 of 3

8. FY 2010 PRIORITY- AND ALLOCATION-SETTING:

A. SPA 1 Allocations:

- Ms. Watt suggested moving to additional data as P&P has already discussed and come to consensus on plan principles.
- Mr. Vincent-Jones thanked OAPP for providing additional data and Ms. Pinney for incorporating it into an expanded SUNAR for SPA 1. The additional data that was needed had been identified previously, but the Committee had not had time to collect it. With the additional time, staff, the Committee and OAPP was given time to gather it.
- The SPA 1 SUNAR included data on SPA 1 disparities; mortality; community resources; needs assessment data from LACHNA, the SPA 1 Needs Assessment, the “Meet the Grantee” meeting, and YR 17 and YR 18 service utilization data from the OAPP.
- Dr. Green noted that the Board motion required replacement of Antelope Valley Hope Foundation services but, since all services were due to be rebid, OAPP requested combining both goals into one with the recognition that SPA 1 would benefit by a unique mix of coordinated services.
- The adversity sector concept has already been addressed in the Comprehensive Care Plan. Designating SPA 1 before full criteria is developed is not ideal, but the timing requires it. Mr. Vincent-Jones reminded the Committee it had to use the same process to identify special populations, and that process concluded effectively. He added that there has always been consensus that due to its unique challenges, SPA 1 would be considered an adversity sector regardless of what criteria was eventually determined. He suggested that the Committee finish developing that criteria after the priority- and allocation-setting process.
- He added that the financial threshold concept, the level below which services are not cost-effective, were also discussed in the Comprehensive Care Plan.
- The data provided support for the previous client population estimate of 300 – 400 (currently 371 unduplicated clients from SPA 1). At the Commission meeting, a Countywide cost/client parity figure of \$2,353 was presented by combining Part A, Part B and MAI funding for a total of \$40 million divided by the estimated 17,000 clients. By further extrapolating cost/service unit (encounter)/service category Countywide and applying it to clients from SPA 1 accessing various services, parity funding was established at \$952,200 (not including transportation and legal). However, that figure does not take into account special challenges in providing services for SPA 1, capacity and infrastructure development, and program design recommendations. Estimating costs for various program proposals the Committee previously approved, the total minimum allocation for SPA 1 amounts to \$1,180,000.
- Based on the new data, the Committee approved a total FY 2010 SPA 1 allocation of \$1,180,000 for the following service categories:

Essential Service Category	Minimum Allocation
Medical Outpatient/Specialty	\$400,000
Medical Care Coordination	\$200,000
Mental Health, Psychiatry	\$30,000
Mental Health, Psychotherapy	\$100,000
Oral Health Care	\$200,000
Medical Transportation	\$170,000
Benefits Specialty	\$80,000
ADAP Enrollment	no additional funds necessary
Early Intervention Services	no additional funds necessary
Substance Abuse, Treatment	no additional funds necessary
Medical Nutrition Therapy	no minimum determined

- Dr. Frye suggested looking at a parity threshold per category with higher thresholds for especially impacted services, e.g., Transportation. Ms. Watt, however, noted that testing services are also being increased which is expected to increase clients.
- Dr. Green noted that contracted services can be adjusted based on utilization to ensure funds are expended.
- ➡ Staff will revise the 4/7/2009 memorandum and prepare a PowerPoint for the 4/30/2009 Special Commission meeting.
- ➡ Dr. Frye, who cannot attend the 4/30/2009 Special Commission meeting, will send a communication supporting the proposal.

Priorities and Planning (P&P) Committee Meeting Minutes

April 21, 2009

Page 3 of 3

MOTION #3 (Goodman/Land): Approve a minimum allocation of \$1,180,000 for the SPA 1 FY 2010, along with service category minimum allocations as determined (**Passed: Ayes:** Frye, Goodman, Granai, Land, Liso, Watt; **Opposed:** none; **Abstention:** Green).

9. ANNOUNCEMENTS:

- Dr. Green reported receipt of the Ryan White Part A award with a \$2.5 million increase for a total just under \$36 million. HRSA used both named and coded cases for a 5% formula increase. The competitive supplemental portion increased 14%.
- Dr. Frye, Co-Chair, CDC External Peer Review Surveillance Panel, said the agreed to focus on core surveillance. There is increasing interest as people realize funds are allocated based on data. The Stimulus Act includes surveillance funds.
- Ms. Watt said the importance of surveillance was also discussed at the Partner Collaboration Service Integration (PCSI) meeting with the CDC and partners from TB/HIV prevention/STD/Hepatitis.
- Mr. Chud reported Dr. Gottlieb referred him to Dr. Jack Galen, gerontologist, who is seeking support for a May or June 2009 forum on incorporating HIV assessment and treatment for seniors. Mr. Chud said he referred Dr. Galen to Mr. Vincent-Jones.

10. **ADJOURNMENT:** The meeting was adjourned at 3:25 pm.